



Client Module



Edit Client

## CLIENT



(Last, First,, Middle)			
CLIENT NAME:		DATE OF BIRTH:    /    /	Age:
SS #:	STATE CASE #:	CITY/COUNTY CASE #:	
		Explain	
SITE:	SPECIAL ATTENTION REQUIRED:		

**Sex:** (Check one)    **G** Male    **G** Female    **G** Unknown

**Race:** (Check one)

- G** White  
**G** Black  
**G** American Indian or Alaskan Native  
**G** Unknown  
**G** Asian or Pacific Islander

**Ethnic Origin:** (Check one)

- G** Hispanic  
**G** Non-Hispanic  
**G** Unknown

**Country of Origin:** (Check one)

- G** US  
**G** Not US  
 Date Entered: \_\_\_\_/\_\_\_\_ Country: \_\_\_\_\_  
**G** Unknown

**Language**

- Primary Language: \_\_\_\_\_  
 Understand English:(Check one)    **G** Yes    **G** No  
 Speak English:(Check one)    **G** Yes    **G** No

**Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Within City Limits:(Check one)    **G** Yes    **G** No    **G** Unknown

County: \_\_\_\_\_ Zip: \_\_\_\_\_

**G** Reporting Address    **G** Current Address

Census Tract: \_\_\_\_\_

**Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Within City Limits:(Check one)    **G** Yes    **G** No    **G** Unknown

County: \_\_\_\_\_ Zip: \_\_\_\_\_

**G** Reporting Address    **G** Current Address

Census Tract: \_\_\_\_\_

**Alert:**

Reason: \_\_\_\_\_

**Alias:**

Name: (Last, First, Middle) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: (Last, First, Middle) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Phone:**

Number: (\_\_\_\_)\_\_\_\_\_ Description: \_\_\_\_\_

Number: (\_\_\_\_)\_\_\_\_\_ Description: \_\_\_\_\_

Number: (\_\_\_\_)\_\_\_\_\_ Description: \_\_\_\_\_

Number: (\_\_\_\_)\_\_\_\_\_ Description: \_\_\_\_\_

User Defined Variable Information(if needed)

General Comments:(Not to be entered into TIMS)

Completed By

Date